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U.S. Palent and Indemark Office; U.S. DEPARTMENT OF COMMERCE fion of information unless it displays a valid OMB control number. Under the Processork Reduction Act of 1995, no persons are regulard to respond to 8 co Application Number 10/573,299 Filing Date 01/08/2007 TRANSMITTAL lrying I. Dardik First Named Inventor **FORM** Art Unit 2852 Examiner Name David M. Schindler (to be used for all correspondence after initial filing) Attorney Docket Number ET-005 Total Number of Pages in This Submission (Check all that apply) ENCLOSURES After Allowance Communication to TC Drawing(s) Fee Transmittal Form oppeal Communication to Board of Appeals and Interferences . Licensing-related Papers Fee Attached Appeal Communication to TC (Appeal Notice, Brief, Repty Brief) Petition Amendment/Reply Petition to Convert to a Provisional Application Proprietary Information After Final Power of Attorney, Revocation Status Letter Change of Correspondence Address Affidavits/declaration(\$) Other Enclosure(s) (please identify Terminal Discisliner below): Extension of Time Request Request for Refund Express Abandonment Request CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Remarks Certified Copy of Priority Mail Stop: Missing Parts Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Greenberg Travity LLP Signature Printed name Paul F. McQyade Reg. No. Date CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile trensmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Palents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Attorney Docket Number	ET-005
	Examiner Name	David M. Schindler
	Art Unit	2862
	First Named Inventor	irving i. Dardik
REVOCATION OF POWER OF	Filing Date	01/08/2007
	Application Number	10/573,299
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I hereby revoke all previous nowers of attorney given in the above-identified application.						
	<b></b>	,				
A Power of Attorney is submitted herewith.						
OR						
✓ I hereby appoint the practitioners associated with the Customer Number:						
Please change the correspondence address for the above-identified application to:						
The address as Customer Numb		. 2	2191			
OR	•		. (1)			
Firm or Individual Name						
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City	*	Sta	ite		Zip	
Country		-			•	
Telephone			Email			
I am the:						
Applicant/Inventor.						
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed, (from PTO/SB/96)						
SIGNATURE of Applicant or Assignee of Record						
Signature Hand Mayne						
Name Raymond G. To	опраоп	. 0				
Date Jan 18	, 2028		Telephone	205 3	07 6550	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
Тоtal of 2 forms are виблийтеd,						

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	Application Number	10/573,299				
REVOCATION OF POWER OF	Filing Date	01/08/2007				
ATTORNEY WITH	First Named Inventor	Irving I. Derdik				
NEW POWER OF ATTORNEY	Art Únít	2862				
AND	Examiner Name	David M. Schindler				
CHANGE OF CORRESPONDENCE ADDRESS	Attorney Docket Number	ET-005				
I hereby revoke all previous powers of attorney given in the above-identified application.						
1 MEI STA JEANYE STI DICAIGNO DOMEIRO SI STECHES ALLE						
A Power of Attorney is submitted herewith.						
OR	۲-					
I hereby appoint the practitioners associated with	the Customer Number:	22191				
1 Hereby appoint are biggeration deponded that						
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Please change the correspondence address for the above-identified application to:						
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Customer Number:	22191					
OR .	•	<b>-</b>				
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Telephone	Email	· 				
I am the:						
Applicant/Inventor.						
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) Is enclosed. (Form PTO/SB/96)						
		·				
	ant or Assignee of Reco	ru -				
Signature	-WW					
Name Irving I. Dardik	<u></u> .					
Date 2/)8/08	Telephone					
NOTE: Signatures of all the inventors or assignces of record of the entire inte	rest or their representative(s) are requ	ired. Submit multiple forms it more than one				
signature is required, see below <sup>4</sup> .						
Total offorms are submitted.		by the months which in to tile found by the LISET.				

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